

1 Month Timeframe - Child

Take this assessment 1 month after enrollment.

Date: _____ Staff: _____

Case Number (child): _____ Case Number (adult): _____

Child's Date of Birth: _____

Well-Child Visit

1. Does your child have a primary care provider (a place that your child USUALLY goes when he or she needs routine preventive care, such as a physical examination or well-child check-up?)

- Yes No

2. Have you taken your child for any well-child check-ups in the last month?

[NOTE: This question includes only regular well-child visits, not sick visits.]

- Yes No

If yes, please mark all the well-child visits your child had in the last month?

3-7 days after birth 15-16 months old

2-4 weeks old 18-19 months old

2-3 months old 2-2 ½ years old

4-5 months old 3-3 ½ years old

6-7 months old 4-4 ½ years old

9-10 months old 5-5 ½ years old

12-13 months old

Child Injury

3. In the last month, have you taken your child to the hospital emergency room because of an injury?

[NOTE: This includes a visit for a fall, a cut, a burn, or some other way the child is hurt. This does not include an illness like a cold, ear infection, upset stomach, or fever.]

- Yes No

If yes, how many times? _____

Early Language and Literacy Activities

4. During a typical week, how many days did you and/or family members read or tell stories to or sing songs with your child?

- No days 1-2 days Everyday
 3-4 days 5-6 days

Safe Sleep

****Please answer the following questions if the child is less than 12 months old:**

5. Do you always place child to sleep on their back?

- Yes No

6. Do you always place child to sleep without bed sharing or soft bedding?

- Yes No